IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

	FORM-GB			
by	ift or Bequest information received or a department or accepted by the overnor on behalf of the state			
In	For office use only			
Αι	udited			
CI	necked			
C	omputer			

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

DHS Glenwood Resource Center		
Name of Department or Office 711 South Vine Street Gler	nwood, IA 51534	
TA W. A STATE OF THE STATE OF T	y, State, Zip Code	
Area Code & Telephone No.		नुध्यः -
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE	E:	
		PAID AID
Name		- 2 5≥
Mailing Address (if different from above)	City, State, Zip (if different from above)	- PSC
Email Address	Area Code & Telephone Number (if different fro	
DONOR OF GIFT OR BEQUEST:		URE URE
ALA - Department of Iowa		en in
Name		
720 Lyon Street Des Moines, IA 50309		
Mailing Address City, State, Zip Code	11/06/2012 \$100	0.00
515-282-7987	Date of Gift or Bequest Am	ount/Value*
Area Code & Telephone Number	*value is defined as "fair market value" of item a	se datarminad by
Email Address (optional)	receiving department or office. If no value mark	(*0.00°.
Email Address (Optional)	_	
Provide a description of the gift or bequest and purpose thereof:		
Quarterly donation to benefit Clients		
Quarterly donation to benefit Chefits		
Criteria to use this form:		
Receipt of any gift or bequest that is received by any department of the sta	ite or received by the Governor on behalf of the state.	
tatement of Affirmation:		de 18
Ruth Messinger		
sessment of the fair market value (if applicable) is correct and true to the be	s accurate. I further affirm that the information concer st of my knowledge.	ning the donor and
- Rm	11/06/2012	
Signature	Date	
Signature Lith Thessenger	Date	